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CONFIRMATION NO. 8229

<b>SERIAL NUMBER</b> 10/825,953	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 1023-363US01	
<b>APPLICANTS</b> Kenneth T. Heruth, Edina, MN; Keith A. Miesel, St. Paul, MN;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/553,777 03/16/2004 <i>OK Btg 12/19/06</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None Btg 12/19/06</i>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/25/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Brian Good</i> <i>Btg</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28863					
<b>TITLE</b> Controlling therapy based on sleep quality					
<b>FILING FEE RECEIVED</b> 3522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		